



Arizona Department of Agriculture (ADA)
Central LicensingSection
1688 West Adams
Phoenix, Arizona 85007
Phone: (602) 542-4499
Fax: (602) 542-0466

For ADA/ESD Use Only

License # _____
Check # _____
Check Date _____
Check Amount _____
Line # _____

Quarterly Fee Report

For the quarter dated _____ through _____

SHELL EGGS

(DOZENS)

Total sold _____
less Exempt from Fee ** _____

Total Subject to Fee _____ (Multiply by .00233) = \$ _____

EGG PRODUCTS

(POUNDS)

Total sold _____
less Exempt from Fee ** _____

Total Subject to Fee _____ (Multiply by .00233) = \$ _____

TOTAL PAYMENT \$ _____

Return this
form and make
checks
payable to :

ARIZONA DEPARTMENT OF AGRICULTURE (ADA)
CENTRALIZED LICENSING PROGRAM
1688 W. ADAMS, PHOENIX, AZ 85007

Pursuant to A.R.S. 3-716

This report must be accompanied by a check or money order covering the total fees, within thirty days following the close of the quarterly period. A penalty of ten percent shall be added for delinquent filing of any report or the delinquent payment of any inspection fee, and if the report and payment are not made within ten days after notification of delinquency, the penalty shall be twenty-five percent of the inspection fee. Persons filing a false report shall be penalized fifty percent of the amount due for inspection fees.

EXEMPTIONS: **

Products sold to wholesalers, licensed by the Department to sell shell eggs or egg products in Arizona. Retailers may not be exempted.

Below, list all exempted product by dozen or pounds and to whom the product was sold.

EXEMPTIONS MAY NOT BE TAKEN UNLESS THEY ARE INCLUDED IN THE LIST.

NAME OF DEALER	DOZENS OF SHELL EGGS	POUNDS OF EGG PRODUCTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I DO HEREBY DECLARE THIS REPORT IS TO THE BEST OF MY KNOWLEDGE TRUE, CORRECT AND COMPLETE.

(Please Print Name)

Signature THIS REPORT MUST BE SIGNED

Date